2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # L0400007060 1. Entity Name DENTON DEVELOPMENT, LLC					04-18-200	08 901 59 028 ***1	38.75		
Principal Place of Business Mailing Address			5.07						
4653 19TH ST COURT EAST Bradenton, FL 34203		4653 19TH ST COURT EAST Bradenton, FL 34203			50004843				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	<u> </u>						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02052008	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Number 54-214			pplied For ot Applicable		
Zip	Country	Zip	Country		of Status Desired	\$5.00 44	ditional		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent			
HACC MA	DV		Name	- '			· .		
HASS, MARK 611-25TH AVENUE W. BRADENTON, FL 34205			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
Ţ.									
			City		•	FL Zip Coo	ie		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and stills if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
				Red witch to the Minist		DATE			
FILE After May	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.7			(EGO WICH TO SEARCH)		ake check payable to da Department of Sta	ie		
FILE After May	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.7 MANAGING MEMB	75	10.	(EQ WINE I FOR SAGING)	Flori	ake check payable to	te		
9.	MANAGING MEMB	75	10.	iet wie i or Sauly)	Flori	ake check payable to da Department of Sta	te Addition		
9. TITLE NAME	MANAGING MEMB P BRUSCINO, ANTHONY	PERS/MANAGERS	10. TITLE NAME	(a) Michigan (a)	Flori	ake check payable to da Department of Sta S/CHANGES			
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BRUSCINO, ANTHONY 4904 6TH AVE TERR W BRADENTON, FL 34210 VP	PERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	(Sa)	Flori	ake check payable to da Department of Sta S/CHANGES			
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BRUSCINO, ANTHONY 4904 6TH AVE TERR W BRADENTON, FL 34210 VP MARTIN, DENNIS F	PERS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	(Sabay)	Flori	ake check payable to da Department of Star S/CHANGES	☐ Addition		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BRUSCINO, ANTHONY 4904 6TH AVE TERR W BRADENTON, FL 34210 VP	PERS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	(Saba)	Flori	ake check payable to da Department of Star S/CHANGES	☐ Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: At Waitin	VP	4-15-08	941-708-0977 X30
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING	Date	Daytime Phone #	